Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION

(37 CFR 1.63)

 □ Declaration Submitted OR With Initial Filing

■ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

1	1 5110 100 17	
Attorney Docket Number	PU040017	
First Named Inventor	Vasella	
COMPL	LETE IF KNOWN	
Application Number	1	
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
SELECTABLE AUDIO OUTPUT CONFIGURATION							
the specification of which	(Title of ti	he Invention)					
is attached hereto				•			
OR							
was filed on (MM/DD/YYYY) 01/04/2005 as United States Application Number or PCT International							
Application Number PCT/EP2005/000815 and was amended on (MM/DD/YYYY) 07/21/2006 (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application					y Attached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
		,					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit unde	er 35 U.S.C. 119(e) of any Uni	ted States provisional applic	ation(s) listed below.	·			
ApplicationNumber(s) Filing Date (MM/DD/YYYY)							
60/538,563 01/23/2004			Additional provisional application numbers are listed on				
				re listed on ental priority dat	ta sheet		
				B attached her			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ 24498 ☐ OR ☐ Correspondance address below									
Name	JOSEPH J. LAKS, VICE PRESIDENT								
Address	THOMSON LICENSING LLC								
Address	Address P.O. 80x 5312								
City State ZIP									
PRINCETON					0 Си		0854	13-5312	
Country		1	Telep	phone					Fax
USA			(609) 7	734 - 6819				(609	) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:   A petition has been filed for this unsigned inventor									
Given Family Name VASELLA or Surname									
Inventor's Signature								Date  AF. F. CF	
Residence: City		Sta	State		Country		Citizenship		
Zurich				Switzerland		s	Switzerland		
Mailing Address	s Heer	Oliwies:	<del>m 93</del>						
Mailing Address Ueberlandstrasse 38 50									
City		State	A++	301400	ZIP		Country		
Zurich		7.11			8051		Switzerla	nd	
NAME OF SEC	OND INVENT	OR:							·in-adinumpter
				<del></del>	<del></del>	A petition has been	en mea ioi	កោទ	unsigned inventor
						Family Name or Surname			
Inventor's Signature									
Residence: City State		c	Country			Citizenship			
			U	USA		·			
Mailing Address									
Mailing Address									
City		State			Z	ZIP Country USA			·
Additional in	ventors are be	ing nami	ed on t	he 1 suppleme	ental Ar	dditional Inventor(s) s	heet(s) PTO	/SB/C	02A attached bereto